Revision: HCFA-PM-95-4 (HSQB) ATTACHMENT 4.35-A

JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY A	STATE	PLAN	UNDER	TITLE	XIX	\mathbf{OF}	THE	SOCIAL	SECURITY	Α
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State/Territory:	NEVADA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

The State uses other factors described below to determine the seriousness of deficiencies in addition to those described at §488.404(b)(1):

- (1) The relationship of the one deficiency with other deficiencies;
- (2) The facility's prior survey history; and
- (3) The facility's ownership (or party/entity responsible for operating the facility), specifically, the prior and current status of the owner's (operator's) other facilities in relationship to the deficiency(ies) cited.

TN No. <u>95-08</u>				
Supersedes	Approval Date	DEC 1 1 1995	Effective Date	7/1/95
IN No. N/A				